

MEDB 1.9 Dental Examination

3.2 Medical Requirements Overview

TABLE 3.2: MEDICAL REQUIREMENTS OVERVIEW

MEDB# and Title:	MEDB 1.9 Dental Examination
Sponsor:	Medical Operations
Discipline:	N/A
Category:	Medical Requirements
References:	SSP 50260 ISS Medical Operations Requirements Document (MORD) SSP 50667 Medical Evaluations Document (MED) Volume B
Purpose/Objectives:	To provide a preflight dental health check for the crewmember
Measurement Parameters:	<div> <p>Brief Dental History/unusual oral symptoms</p> <ul style="list-style-type: none"> - pain in the oral cavity - bleeding when brushing - facial muscle and/or joint pain <p>Periodontal evaluation:</p> <ul style="list-style-type: none"> - Visually examine for supergingival plaque and calculus, and condition of soft tissue - Periodontal probing to determine: <ul style="list-style-type: none"> • probing depths around each tooth • amount of bleeding during probing • detect any hidden fistulas from necrotic teeth that might not otherwise be detected • determine amount of subgingival calculus <p>Oral hygiene instruction</p> </div> <div> <p>Oral cancer screening exam:</p> <ul style="list-style-type: none"> - extra-oral visual exam - radiographic survey for unusual pathology <ul style="list-style-type: none"> • hard tissue, maxillary sinus, and visible soft tissue area - intra-oral visual exam <ul style="list-style-type: none"> • tongue, cheeks, throat, gingival tissue, and hard and soft palate <p>Odontal evaluation:</p> <ul style="list-style-type: none"> - caries detection - visible cracks in teeth - abfraction lesions - occlusal evaluation - check all restorations to determine if they are serviceable - check any removable appliances to determine their serviceability </div>
Deliverables:	A preflight dental examination report will be included in the Electronic Medical Record (EMR)
Flight Duration:	≥ 30 days
Number of Flights:	All
Number and Type of Crew Members Required:	All ISS crewmembers
Other Flight Characteristics:	N/A

3.3 Preflight Training – N/A

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3.4 Preflight Activities

TABLE 3.4: PREFLIGHT ACTIVITIES

Preflight Activity	Description:	Dental Examination with X-rays (X-rays as needed), performed by a specialist.			
	Schedule:	Duration:	Schedule:	Flexibility:	Personnel Required:
		60 minutes + max 50 min. travel time	L-90/30 days, and as clinically indicated	+/- 1 week	Crewmember and NASA approved D.D.S.
Ground Support Requirements Hardware/Software	Preflight Hardware:	Preflight Software:		Test Location:	
	Dental hardware provided by the specialist		N/A		U.S./NASA Approved Clinic
Testing Facilities	Minimum Room Dimensions:	Number of Electrical Outlets:	Temperature Requirements:	Special Lighting:	
	N/A	N/A	N/A	N/A	
	Hot or Cold Running Water:	Privacy Requirements:	Vibration/Acoustic Isolation:	Other:	
	N/A	N/A	N/A	N/A	
Constraints/Special Requirements:	This exam may substitute for the annual dental exam if performed within 30 days of a crewmember's birth date. This exam will take place at a NASA approved dental clinic.				
Launch Delay Requirements:	At Surgeon's request.				
Notes:					
Data Delivery	A preflight dental report will be sent to the Crew Surgeon within 3 weeks and included in the EMR.				

3.5 In-Flight Activities – N/A, No In-Flight Activities

3.6 Postflight Activities – N/A, No Postflight Activities

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